Luis F. Valles MD
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READING PEDIATRIC ASSOCIATES PC
52 Haven St.
Reading, MA 01867
Phone: 781-944-2050
Fax: 781-944-0232

Nicholas S. Kasdon MD
Teresita M. Alejo MD
Mary Sforza PNP

DATE: _____

I AUTHORIZE:
(Name of Practice to Release Records)

_____

TO RELEASE RECORDS OF:
(Patient's Names)

_____

_____

_____

OFFICE TELEPHONE: _____

OFFICE FAX: _____

PLEASE MAIL THESE RECORDS TO:
Reading Pediatric Associates PC
52 Haven Street
Reading, MA 01867
Tel: (781) 944-2050 Fax: (781) 944-0232

Sincerely,

_____

Guarantor/Patient Address: _____

_____

Guarantor/Patient Cell: _____